

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	<b>Effective Date: 03/01/2007</b>
<b>SUBJECT: Quality Management</b>	<b>SECTION: QM 1.2</b>

<b>SUBTITLE: Performance Improvement Projects (PIPs)</b>
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**POLICY:**

Children's Rehabilitative Services Administration (CRSA) will follow a designated process by which performance improvement projects (PIPs) are selected and completed.

**Definition:**

Performance Improvement Project (PIP):

A planned process of data gathering, evaluation, and analysis to determine interventions or activities that are projected to have a positive outcome. A PIP includes measuring the impact of the interventions or activities toward improving the quality of care and service delivery.

**STANDARD:**

- 1) CRSA is required by the Arizona Health Care Cost Containment System (AHCCCS) to conduct performance improvement projects (PIPs), as described in the AHCCCS Medical Policy Manual (AMPM), Policy 980.
- 2) Minimally, Children's Rehabilitative Services (CRS) will initiate one PIP annually unless relieved of such requirement by the request and approval of AHCCCS.
- 3) PIPs are long term, usually four years in length, resource intensive processes with the objective to sustain improvement (one year after improvement in performance is first achieved) of services.
- 4) PIPs will be designed to achieve, through ongoing measurement and intervention:
  - a) Demonstrable improvement, sustained over time, in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and/or members' satisfaction.
  - b) Improvement of a system wide process to more efficiently and or effectively deliver or conduct services to CRS members.



- 5) Projects will consist of:
  - a) Objective goal(s)
  - b) Benchmarking when available
  - c) Clearly defined methodology (See Attachment)
  - d) Clearly defined interventions
  - e) Basis within current clinical knowledge/practice or healthcare/managed care research
- 6) Projects typically cover opportunities consisting of, but not limited to:
  - a) Exacerbation of chronic conditions
  - b) Provision of care and services
  - c) High-risk services
  - d) Continuity and coordination of care
  - e) Availability, accessibility, and adequacy of service delivery system
  - f) Cultural competency
  - g) Interpersonal aspects of care
  - h) Areas of concern to provider and member/representatives

#### PROCEDURES:

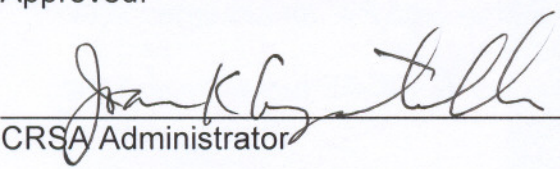
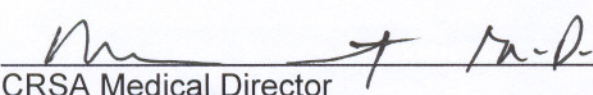
- 1) PIP Selection
  - a) The CRSA Medical Director and CRSA PIP Coordinator are responsible for identifying and evaluating possible topics for PIP development.
  - b) Proposed projects will be evaluated and prioritized for the greatest potential for successful sustained improvement, benefit to CRS members, and to the health care delivery system
  - c) Sources of potential projects may include, but are not limited to:
    - i) Focused and site audit analysis
    - ii) Peer review trending
    - iii) Credentialing/re-credentialing
    - iv) Trends within grievances/complaints, utilization, or quality of care data
    - v) Member and/or provider satisfaction surveys
    - vi) Performance measurement
    - vii) Managed care, research, or healthcare literature
    - viii) Opportunities identified by CRS Regional Contractors, Federal Agencies, State Agencies, AHCCCS, or Arizona Department of Health Services (ADHS) Management
    - ix) Opportunities identified by stakeholders (e.g., subcontractors, providers, family, and members)
  - d) The CRSA PIP Coordinator and/or Medical Director will collaborate with stakeholders (e.g., AHCCCS Administration, providers, parent/youth actions committees, and subcontractors) in the evaluation, analysis, and development of proposed PIPs



- e) Selection of the proposed PIP will take into account:
  - i) The prevalence of health conditions,
  - ii) The need for a specific service,
  - iii) Member demographic characteristics,
  - iv) Health risks,
  - v) Interest of stakeholders (e.g., members, providers, AHCCCS, and/or Centers for Medicare & Medicaid Services [CMS]) in the aspects of care or services to be addressed, and
  - vi) Member input, whenever possible, in the selection of topics and formulation of project goals.
  
- 2) PIP Approval
  - a) Annually, the CRSA Medical Director and PIP Coordinator will present their analysis along with a proposed PIP for acceptance to the Quality Management Committee (QMC).
  - b) PIPs will not be officially accepted until AHCCCS has approved the proposed PIP.
  
- 3) PIP Reporting and Deliverables
  - a) PIP progress will be reported to the QMC on a quarterly basis by the CRSA PIP Coordinator. Reporting requirements will be delineated with in the PIP methodology (See Attachment).
  - b) PIPs generally will be maintained on a four-year cycle including:
    - i) Proposal/approval of PIP methodology, baseline measurement and analysis of results, first year
    - ii) Intervention(s) implemented during the second year
    - iii) Measurement of demonstrable (e.g., statistically significant) improvement during the third year
    - iv) Re-measurement of sustained improvement, fourth year
  - c) After completion of the first year a report will be submitted to AHCCCS that includes:
    - i) An evaluation of baseline data
    - ii) Proposed interventions that will be implemented during the second year to improve the performance measure
    - iii) Proposed strategies to implement interventions and measure performance after the interventions are in place, and
    - iv) Projected results
  - d) During the third year, re-measurement of performance will be conducted to determine demonstrable improvement.
    - i) If demonstrable improvement has been achieved, the report will detail the PIP methodologies, interventions, and finding, or
    - ii) If the PIP interventions did not demonstrate improvement, the report will detail these findings along with proposed



- actions to revise, replace, and or initiate new interventions to improve the performance measure.
- e) During the fourth year, re-measurement of performance is conducted to determine if sustained improvement has been achieved.
- i) If sustained improvement has been achieved, a final report is submitted to AHCCCS detailing PIP methodologies, interventions, and findings, or
  - ii) If sustained improvement has not been achieved, a report of these findings along with proposed actions to revise, replace, and/or initiate new interventions to improve and sustain the performance measure.

Approved:	Date:
 CRSA Administrator	<u>3/1/07</u>
 CRSA Medical Director	<u>3/2/07</u>
The Primary Position of Responsibility for this policy is the Office for Children with Special Health Care Needs. Users are encouraged to suggest improvements regarding this policy and procedure.	



## ATTACHMENT

### **Guideline Performance Improvement Project Methodology**

- a) PIP Title
- b) Implementation date
- c) Purpose of the project
- d) Reason and methodology for selection of project (background)
- e) Measurement period for baseline and follow-up re-measurements
- f) Indicator Description
- g) Indicator Criteria
- h) Study Question(s) (clear, concise, and understandable)
- i) Population/Target
- j) Sample Selection
- k) Population Stratification
- l) Population Exclusion
- m) Data Collection Tool
- n) Data Source
- o) Data Collection
- p) Confidentiality Plan
- q) Data Validation
- r) Denominator
- s) Numerator
- t) Benchmark/Goal
- u) Indicator(s)
- v) Indicator Goal
- w) Minimum Performance Standard
- x) Analysis Plan
- y) Comparative Analysis
- z) Deviations from Comparable Methodologies
- aa) Limitations
- bb) Report Format
- cc) Technical Specifications
- dd) Definitions
- ee) Bibliography